

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	XXS	62201	8/25
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		64853 <sup>10</sup>	8/17/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date							
Final	Original	7	8	9	6	8		
1	1	✓	✓	✓	✓			
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24	24	✓	✓	✓	✓			
25	25	N	—	—	—			
26	26	N	—	—	—			
27	27	✓	✓	✓	✓			
28	28	✓	O	✓	✓			
29	29	✓	✓	✓	✓			
30	30	✓	✓	✓	—	—		
31	31	N	—	✓	✓			
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Claim	Date							
Final	Original	51	52	53	54	55	56	
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Claim	Date							
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If more than 150 claims or 10 pages  
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